

LETTER FROM THE PRESIDENT

Dear Colleagues-

I am happy to be writing a contribution to this edition of the AVAPL newsletter. After a significant hiatus, a number of our colleagues have taken on the effort to reinstate it, and I want to express my gratefulness for their efforts!

I am particularly glad to see the newsletter reintroduced because we are in a period of transition and change in the VA, and the more that we can be in touch and supporting each other, the better. This organization has been a key institution for helping psychologists navigate extremely challenging times, and the recent events in the VA promise to make these challenging times again.



I hope that we as psychologists in the VA can be leaders in a number of ways, not just our formal titles. As psychologists we have a unique breadth of skills covering the three core VA missions; clinical care, education, and research. There is no discipline better prepared to take the lead in our settings.

In considering how to help our discipline succeed in the VA setting, I wanted to let folks know about three areas in which AVAPL is taking action:

1) Hybrid 38 vs. Title 38. Currently we as psychologists are hired under Hybrid 38 hiring authority. This has made hiring staff easier than under Title 5 (our previous hiring authority), and has improved the ability to appropriately place psychologists in higher grades (GS-14 and GS-15) when warranted by responsibilities. However, we have a workgroup reviewing whether Title 38 would provide more opportunity for appropriate compensation, better leave benefits, and improved flexibility in hiring, and are also reviewing if there would be any downsides to a change.

2) Vesting. Currently, for a medical center to be fully reimbursed through the VERA system, they must complete a vesting visit (generally an intake appointment including a review of multiple systems). Requirements for a vesting visit include that the provider be a prescriber. We have a group currently developing a proposal and rationale for psychologists to be able to conduct vesting visits. This would provide medical centers with more flexibility in staffing and assuring appropriate compensation for care provided, and is consistent with the role of psychologists as credentialed and privileged providers.

3) Compensation and Pension (C & P). Those psychologists who administer C & P exams face a number of distinct challenges in the VA system, including balancing sometimes conflicting roles, facing significant scrutiny of their activities, experiencing demands for productivity that are sometimes unrealistic when attempting to do a thorough and complete assessment, and determining the most valid and reliable ways to conduct the evaluations which are required. A group of C & P psychologists have requested to initiate a C & G Special Interest Group (SIG) within AVAPL, and the executive leadership approved this. Topher Murphy has taken the lead in organizing this. I believe this can be a constructive and useful group for addressing the tough issues that arise in dealing with C & P exams.

Finally, just a reminder that the AVAPL executive leadership will be visiting Washington DC the week of February 9th, and meeting with VACO Mental Health leadership, APA leadership, congressional staff, and veteran service organization leadership. This is a great opportunity to both share the concerns of VA psychologists and to have constructive dialogue with these key groups. If you have suggestions on topics you can email them to my AVAPL email is president1@avapl.org. Also, thank you to those of you who participated in our online survey and provided input. We look forward to representing you in DC!

Here's wishing everyone a wonderful new year!

John R. McQuaid, Ph.D.
President, AVAPL

NOTE FROM HISTORY

VA Administrator Supported Title 38 for Psychologists 68 Years Ago

Newly appointed VA Administrator, General Omar Bradley, received legislative approval in 1946 to establish affiliations with medical schools to train physicians, dentists, and nurses. The legislation also gave authority to the VA to use the more efficient Title 38 hiring authority to hire those professions.

James G. Miller, first VA chief psychologist in VA Central Office, convinced Bradley that the 1946 legislation would permit the VA to additionally create training affiliations to hire and train psychology graduate students in the VA. Miller further convinced Bradley that psychologists should be included in the Title 38 hiring authority.

Adding psychology training to the VA's affiliation authority could be accomplished by the Administrator's authority, and the first VA psychology training class started in the fall of 1946. However, including psychologists in the Title 38 hiring authority would require new legislation. In the press to start new treatment programs and create affiliations, the legislation was never submitted to Congress.

--Rod Baker, Ph.D., Former VA Psychology Historian



Dr. Miller, 1916-2002
<http://www.nature.com/npp/journal/v28/n12/full/1300303a.html>

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TIMOTHY FJORDBAK

1951 - 2015

Dr. Timothy Fjordbak was a person who enjoyed living life to the fullest. He enjoyed participating in numerous things, enjoying the mental and social stimulation, and fulfilling his core value of altruism.

In his professional life, Dr. Fjordbak committed many hours, in concert with the VBA and the DOD, to establishing the El Paso VA Special Exam Unit's presence in the IDES (Integrated Disability Evaluation System) program located at Fort Bliss. This is a vital service for those active duty service members who have been referred for the evaluation of medical and psychological conditions, as many of these men and women who have served our country are about to join the ranks of our Veterans. Psychological evaluations include neuropsychological testing for residuals of TBI as well as evaluations for PTSD and other mental disorder conditions. This system has been designed to eliminate the redundancy of in-service and subsequent VA evaluations by offering one set of exams, thus expediting a smooth transition to receipt of timely financial compensation as well as appropriate care within the VA Health Care System.

In addition to countless hours spent in training and supervision, Dr. Fjordbak conducted many neuropsychological evaluations of service members--exams noteworthy for both their comprehensiveness and compassionate regard of each individual he had the privilege of serving. On occasions when it was necessary to punctuate a lengthy exam with a break, Tim made sure that the service member (or Veteran) had the opportunity to get a soda or lunch, providing the resources himself if necessary.

Alongside his VA position, Dr. Fjordbak was actively involved in the creation of the upcoming Psychology Internship program at the El Paso VA facility, was an active member of the El Paso County Psychological Society, and completed his psychopharmacology requirements for prescribing privileges. He was working with Texas Congressman Beto O'Rourke to help lobby for prescribing privileges in VA settings and in the state of Texas, and he actively helped to supervise and mentor students from local educational institutions to progress in their respective fields and degrees.

On a personal level, Dr. Fjordbak was witty and enjoyed the company of many. He was a charming person, with a thick, Southern accent and bright blue eyes that invited any interaction. He intently listened to anyone's stories with a supportive air. He enjoyed watching football (college and



professional), good music, and a fine glass of Scotch. His intellect, charisma, and friendliness welcomed most of his coworkers—physicians, social workers, clerks, and housekeeping staff—to befriend him. He was often on guest lists for various house parties due to his fun nature. He was spotted in one

karaoke party attempting to sing Bee Gees songs, breaking through his Southern accent trying a falsetto pitch. If not singing, he enjoyed dancing to any music, including Mexican music. In conversation, stories were shared about his previous vacations and plans for upcoming travels, enjoying the opportunity to learn about other customs and cultures. His long list of career goals and personal goals were endless, always describing his aspirations with great fervor.

Dr. Fjordbak would be humbled by the overwhelming response of care and support that has been extended to his family and colleagues. He would be proud to know about the vast impact that he had on many.

- Sandra Martinez, Ph.D. and Paul Mostrom, Ph.D.,
Contributors

Condolence Websites:

<http://www.legacy.com/guestbooks/elpasotimes/timothy-fjordbak-condolences/173770992>

http://www.restlandfuneralhome.com/obituaries/Timothy-Fjordbak/?wms_redirected=1

VA TRAINING PROGRAMS IN PSYCHOLOGY

Psychology Training in VA

Stacy Pommer, MSW & Kenneth R. Jones, PhD

One of the Department of Veterans Affairs (VA) statutory missions is to train health professionals to be providers for Veterans and the nation. The Veterans Health Administration's (VHA) Office of Academic Affiliations (OAA) oversees clinical training for over 40 health professions. With psychology training opportunities available at the fellowship, internship, and practicum level, VA is the largest provider of psychology training, nationwide.

In the current academic year (2014-15), OAA is funding 598 psychology internship positions across 111 VA internship programs located in 49 states, the District of Columbia, and Puerto Rico. Similarly, OAA is currently supporting approximately 390 postdoctoral fellowship positions at 68 VA medical centers in 35 states, the District of Columbia, and Puerto Rico. Over the course of the past ten years, VHA psychology internship and postdoctoral training has more than doubled in scale (i.e., from 432 total positions in 2005, to 949 in academic year 2014-15).

OAA continues to address the mental health needs of Veterans by increasing the number of mental health trainees by a total of 558 additional positions over three years. VA's Mental Health Education Expansion Initiative allows expansion in five disciplines including clinical pastoral education, pharmacy, psychiatry, and social work. Psychology has had the largest expansion through this initiative, with support for 260 psychology positions.

OAA has started implementing Phase III of this five-year mental health expansion. To meet the evolving needs of Veterans, this phase of the initiative focused on creating or expanding health education programs in alignment with issues identified by the Mental Health Innovations Task Force, including posttraumatic stress disorder, depression, substance use disorder, insomnia, and chronic pain. Special emphasis was also given to programs that served Veterans returning from Operation Iraqi Freedom/Operation Enduring Freedom/Operation New Dawn; rural Veterans; older Veterans; and Veterans with serious mental illness. Furthermore, this round encouraged proposals that included an interprofessional focus on mental health in medical settings or that provided training in wellness/prevention, suicide prevention, traumatic brain injury (TBI), chronic pain management, and coping with chronic disease.

OAA received a tremendous response to the Request for Proposals for this third phase of the expansion, with 58 VA medical centers awarded a total of 139 psychology positions (46 internship slots, 93 fellowship slots). Nine new internship programs and nine new fellowship programs are being established to begin in the upcoming academic year (2015-16), while 40 sites are expanding their existing

programs. VA's Psychology Training Council (VAPTC) has been actively involved in supporting psychology programs. VAPTC offers a mentorship program in an effort for sites proposing a new program to collaborate with a more experienced training director. In general, the newly funded programs that worked with a mentor had stronger applications and are continuing to benefit from this resource as they establish their new programs.

Secretary McDonald is very committed to supporting VA's training programs. In an effort to expand mental health staffing within VHA, recruiting and retaining highly qualified health professions trainees is critical. Psychology interns and fellows fall into a direct hiring authority and are eligible to be directly appointed at any site nationally.

In light of the recent concerns about timely access to VA care, which emerged subsequent to a lack of adequate staffing and efforts by some to cover-up this problem, it is even more crucial for trainees to recognize that VHA's training programs were never in question. These concerns have led to a greater emphasis on providing and expanding training opportunities within VHA in an effort to increase staffing recruitment in clinical health professions.

CONSULTATION

The National Suicide Risk Management Consultation Program is available to any VA provider nationwide with case-specific or programmatic questions about suicide risk management. To request a confidential consultation, or for questions about the program, please send an email to: SRM-consult@va.gov or visit our website at: <http://www.mirecc.va.gov/visn19/consult/index.asp>.





2014

- ⇒ 166 VA psychologists attended the Annual VAPL Leadership Conference in San Antonio.
- ⇒ The theme was VA Psychology: Serving Veterans Through Interprofessional Care and Expanding Partnerships.
- ⇒ Some highlights and power-points from previous presentations can be found at www.avapl.org/conference.html
- ⇒ Leadership from VACO Mental Health, including the new chief consultant for VA Mental Health, Dr. Harold Kudler, met with VA psychologists at the AVAPL Business Meeting at the APA convention.
- ⇒ You can find minutes from meetings and provide suggestions for future discussions at www.avapl.org

Current Executive Committee:

- President, John McQuaid
- President-Elect, Tom Kirchberg
- Past-President, Steve Lovett
- Secretary, Monica Cortez Garland
- Treasurer, Mary Beth Shea

2014 AWARD WINNERS

Antonette Zeiss Distinguished Leadership Award—Dr. Robert Zeiss

AVAPL Leadership Award—Dr. R. Keith Shaw and Dr. Joel Mitchell

AVAPL Professional Service Award—Dr. Elizabeth Gifford and Dr. Christopher Watson

AVAPL Special Contribution Award—Dr. Kathleen (Katy) Lysell and Dr. Loretta E. Braxton

The James Besyner Early Career Award for Distinguished Contributions to VA Psychology Dr. Megan McCarthy”

SPOTLIGHT PROGRAM

The Veterans Tactical Response (VTR) training is a relatively new training for local law enforcement and hostage negotiators. This training was developed due to a voiced need by the Austin Police Department to learn more about common issues affecting veterans they might encounter. The VTR program is a result of a collaboration between the VISN 17 Center of Excellence for Research on Returning War Veterans, the Austin PD, the Central Texas Veterans Healthcare System, and the Health and Human Services Office of Acquired Brain Injury in Austin.

This training educates law enforcement about PTSD and traumatic brain injury (TBI), military culture, and communication/negotiation strategies in order to increase effectiveness when working with veterans and positive outcomes. For instance, TBI is common among returning Veterans. Slurred speech does not necessarily mean drunkenness; rather, this could be a person with a head injury who is anxious while speaking with the officer. Likewise, a Veteran swerving in the road to avoid debris is not necessarily drunk, but could be experiencing reminders of road trash bombs while driving in Iraq. Law enforcement are also taught to look for clues (e.g., bumper stickers) of someone being a veteran so they can be sensitive to military culture. As opposed to focusing solely on mental health crises (such as a crisis intervention team model), this prevention-focused training can be applied to a wide range of interactions law

enforcement may have with veterans, ranging from pulling someone over for speeding to hostage negotiation.



According to Dr.

Dr. Morissette, pictured

Sandra B. Morissette, Treatment Core Chief at the VISN 17 Center of Excellence for Research on Returning War Veterans, they have trained several groups, including local law enforcement, as well as the Bureau of Alcohol, Tobacco, Firearms & Explosive, FBI units, and sheriff hostage negotiators around the nation. She noted that the trainings can be tailored from four hours to two days, which include didactics and role plays, or in lengthier trainings, rehearsal of applied techniques in mock scenarios. Dr. Morissette states that this is a “train the trainer” program. They hope to put the manual and training materials online in an effort to make resources available nationally, including rural communities. Dr. Morissette is happy to answer questions and provide materials for programs interested in this training (sandra.morissette@va.gov).

- Genevieve Davis, Ph.D., Contributor



VA PSYCHOLOGY
LEADERSHIP CONFERENCE



SAVE THE DATE!

May 19-22, 2015

18th Annual VA Psychology Leadership Conference

**VA Psychology: Advancing High Quality Health Care
and Timely Access for Veterans**

Key Highlights (So far!):

- Keynote address by 2015 APA President, Barry S. Anton, Ph.D., ABPP
- Opportunity to obtain valuable CEs through Conference Workshops.
- APA Site Visitor Training on Tuesday, May 19th!

VA Psychologists, including program managers, chiefs/lead psychologists, early career psychologists, and psychology trainees, are most welcome!

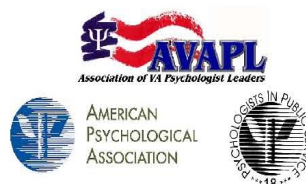
For more information, contact Samuel Wan, Ph.D., Chair, VA Psychology Leadership Conference: (415) 221-4810, x3105 or samuel.wan@va.gov



**The Westin Riverwalk
San Antonio, Texas**

Stay tuned for room block details!

Sponsoring Organizations



MENTORSHIP OF PSYCHOLOGIST LEADERS IN THE DEPARTMENT OF VETERANS AFFAIRS

Esteemed colleagues,

In the last few years there has been increased attention to establishing programming in support of psychologists that are in the first several years since acquiring licensure. Early career psychologists (ECPs) are a diverse group with respect to gender, age, and ethnicity but have common needs (Green & Hawley, 2009). Unfortunately, despite the real possibility of ethical quandaries arising during this time, there are relatively few formal structures for support and guidance (Sandhu, 2014). In the VA, the complexity of the system can be intimidating to even later career psychologists that are new to the system. Too often, this hinders volunteering for workgroups, committees, and other professional activities that can be beneficial in career and professional identify development.

APA has put together [a list](#) of resources for early career psychologists and various APA divisions have established opportunities for networking. The AVAPL executive committee and conference planning committee have demonstrated considerable support for early career psychologists. Attendees at the 17th Annual VA Psychology Leadership Conference provided uniformly positive feedback regarding the ECP breakout sessions, the ECP breakfast and social events organized by Dr. Heidi Kar, and the several informal ECP networking opportunities.

Networking should not be limited to the annual conference, however. Ongoing mentorship is one of the most valuable tools an ECP can obtain for professional identify development. Further, mentorship benefits our local facilities by increasing retention of talented staff (Lloyd & Fenton, 2008). The challenge ahead is to provide high quality ongoing mentorship opportunities for AVAPL ECPs.

We have had some success already in this effort. The AVAPL ECP mentorship workgroup matched 44 mentor-mentee pairs last year. Ninety-five percent of mentorship program participants expressed satisfaction with their match. The workgroup is primed to again match another round of mentors and mentees this spring. I have found mentorship through AVAPL to be of significant benefit in increasing knowledge of the VA workplace and it increased my determination to seek local leadership and professional development opportunities.

If you are interested in becoming a mentor or a mentee, please contact Dr. Jessica Brundage at jessica.brundage@va.gov. Further, please consider nominating strong mentors at your facility who may not have yet heard of the AVAPL mentorship



program.

If you are interested in joining the 300+ member AVAPL ECP listserv, please send an e-mail to webmaster1@avapl.org specifying interest in the ECP group. You can also [find about 50 of us on Yammer](#) by searching for "AVAPL - Early Career Psychologists". One's career development, networking skill set, and efforts in pursuit of work-life balance can

all benefit from the support and encouragement of other VA psychologists. I hope you will join us on this journey and submit your topics of interest and suggestions for invited guest speakers for our monthly calls today. Calls are held the first Thursday of the month at 9:00am HT, 11:00am PT; 12:00 Noon MT; 1:00pm CT; 2:00 pm ET. Use code 17663 on VANTS (1-800-767-1750) to call in.

-Brent Kenney, Ph.D., Contributor

GETTING INVOLVED

If you like to get involved with a specific AVAPL Early Career Psychologist (ECP) workgroups, please get in touch with the following point of contacts.

Workgroup Name	POC	Email
Administrative Workgroup	Brent Kenney Jennifer Sweeton	brent.kenney@va.gov jennifer.sweeton@va.gov
Mentorship Program	Jessica Brundage Amea Patel	jessica.brundage@va.gov Amea.patel4@va.gov
Social Planning	Crystelle Egan Amanda Vaught	crystelle.egan@va.gov amanda.vaught@va.gov
Social Media	Bryan Bastien Carolyn Allard	bryan.bastien@va.gov carolyn.allard2@va.gov
Networking	Carol Brooks	carol.brooks2@va.gov
Conference Program- ming	Brent Kenney Jennifer Sweeton	brent.kenney@va.gov jennifer.sweeton@va.gov

MEMBER SPOTLIGHTS

Emmanuel Espejo, Ph.D.



Dr. Emmanuel Espejo at the VA San Diego Healthcare System (VASDHS) and University of California, San Diego was awarded a Clinical Scientist Training Initiative issued by the Society for a Science in Clinical Psychology in 2013. The primary objective of the initiative was to provide training in transdiagnostic anxiety-focused group cognitive-behavior therapy (CBT) to mental health

providers at the VASDHS. Growing demand for anxiety disorders treatment at VA hospitals presents significant challenges to offering Veterans prompt access to evidence-based care. While offering group psychotherapy can help to increase the availability of anxiety treatment, empirical support for psychological interventions for anxiety has largely been developed with disorder-specific protocols. Training providers in a variety of disorder-specific protocols, however, can be time and cost prohibitive. Additionally, offering disorder-specific treatment groups presents scheduling challenges which may lead to extended patient wait times. A single transdiagnostic anxiety-focused group treatment offers an effective means for making evidence-based CBT more readily available and can help to meet the growing demands for anxiety treatment services at VA healthcare settings.

Over 20 VA providers took part in the training which took place in August 2013. Training attendees were from a variety of mental health disciplines, including social work, psychiatric nursing, and psychology (including psychology trainees) across five different VASDHS treatment facilities. The training was conducted by Dr. Peter Norton, who has published extensively on a transdiagnostic anxiety-focused group CBT protocol that he developed, including several randomized control trials demonstrating the efficacy of this treatment approach. The training was based on his recently published book *Group Cognitive-Behavioral Therapy of Anxiety: A Transdiagnostic Treatment Manual*. All training attendees received copies of Dr. Norton's book.

Data were collected to determine provider retention and initial group effectiveness. Twelve months following the training, over half of training attendees were providing weekly transdiagnostic anxiety-focused CBT groups at their respective VASDHS facilities. Patient data was collected on ten treatment groups completed at the main VASDHS hospital since the training. Veterans participating in the treatment presented with a variety of primary anxiety disorders including panic disorder, social anxiety, generalized anxiety, PTSD, Obsessive-Compulsive Disorder, and specific phobias. Preliminary results are promising, with 75% of treatment initiators completing the treatment and treatment completers demonstrating significant reductions in general distress, anxiety, and depressive symptom and also reporting high satisfaction with the treatment. Dr. Espejo continues to provide weekly consultation to providers of the group treatment.

- Emmanuel Espejo, Ph.D., Contributor

Zoë Proctor-Weber, Psy.D., Ph.D

AVAPL member Dr. Zoë Proctor-Weber, Psy.D., Ph.D. was recently awarded the prestigious honor of being named the 2014 Florida Psychologist of the Year by the Florida Psychological Association (FPA) for her outstanding contributions to the FPA and the profession of psychology. As the Internship Training Director at the Bay Pines VA since 2008, Dr. Proctor-Weber was instrumental in the expansion of Bay Pines' relatively small internship with three positions, to a robust training program that now includes positions for seven interns, six practicum students, and two fellows. She credits former AVAPL president Dr. Mary Levenson, with giving her the opportunity to lead the training program and for also serving as the catalyst for its growth. In addition to her duties as a Clinical Neuropsychologist and Training Director, she also serves as the Medical Center's Institutional Review Board

(IRB) Alternate Chair and the Research Integrity Officer. She has her own active research projects as well, including being a Co-PI on a four-year, multiple site, HSR&D Merit Award study of an app called the "Concussion Coach". One of the goals of the study is to track the impact of education provided through technology such as iPads on recovery in Veterans who suffer from mild traumatic brain injuries.



Newsletter contributor Dr. Jennifer O'Neil had a chance to speak to Dr. Proctor-Weber about her accomplishments. The next page presents some of the highlights of the interview.

Q & A WITH DR. PROCTOR-WEBER

Q: Tell us about the Florida Psychologist of the Year Award and how you were selected to receive the award.

A: “My understanding is that I was selected for my work as the Treasurer for the organization. When elected into this position 2 years ago, FPA, like many similar organizations, had been struggling with membership decline due to the economic climate. Our organization needed to analyze the financial and membership trends and look at what we were and weren’t doing well. Working with the President and the President-elect and other members of the Executive Committee, I provided solutions to include reinvestment of our stock portfolio, organizational changes in accounting, technology and membership services and moving our organization from an accrual to a cash basis operating system so that we would be able to better predict our financial status at any point in the year. I also took the lead on conducting the search for the new Executive Director (ED). This has helped us strategize and move toward a stronger marketing and non-membership revenue stance. These changes will provide FPA will more financial stability so that we can focus on advocacy and legislative work, and provide more variety and higher quality services to our members.”

Q: How do you maintain a balance between your active involvement in FPA and all of your other commitments?

A: “In some ways, I think of FPA as my leisure hobby. I get a lot of return for the volunteer work that I do. FPA has been crucial in my development of leadership skills. It provided me with an opportunity early in my career that I am not sure would have been as readily accessible through the VA system. I also appreciate the interpersonal connections I have made through my involvement with FPA. I have the opportunity, through committee work, to interface with a lot of private practitioners and providers who work within school systems and other professional arenas. This has given me a much more comprehensive understanding of the professional trending within psychology as a whole that goes beyond what is occurring within the federal system. I integrate this into my training program so that the future VA psychologists we train at Bay Pines will have a clear understanding of where we are going in terms of the profession at large.”

Q: You mentioned that a mentor encouraged you to get involved in FPA. What advice would you give to trainees and early career psychologists related to mentorship?

A: “One of the areas that I think students and ECPs experience as a barrier [to mentorship] is that at times they confuse supervision with mentoring. A supervisor has a specific role and goals that define the relationship. Although teaching is a component of both relationships, supervision is often interdependent and suggests power positioning. Sometimes students become discouraged that their supervisor doesn’t invest more of their time in helping them develop outside of the agreed upon training goals and expectations. I think this is usually due to time limitations or avoidance of dual roles, not indifference. So, with my students I recommend that they identify their mentors outside of supervisory relationships, based on similar interests, such as research or a clinical population. Then I encourage them to simply volunteer their time to help that person or work with

them. For instance, they could help them with a manuscript or join them in attending their committee meetings to provide additional insight from a different perspective. They need to initiate the relationship with an initial investment of their own time. Then the relationship grows and opportunities develop out of that.”

Q: What advice do you have for people who want to take on a leadership position such as Training Director or President of an organization?

A: “Get involved. By that I mean volunteer your time. When you look at these positions, like Training Director or President of FPA, I think that many people, particularly early career psychologists, might feel that it is out of their league or that they don’t have the necessary skill set. However, when you break down the actual requirements and duties associated with these positions and look at them individually, it’s really achievable. The position of Training Director is made up of a variety of different, smaller tasks and roles. But when you put them all together, that is the title you have. While the knowledge and skillset in this position is cumulative, it can be gained in very small incremental steps, early on. Volunteer for committees, take minutes. Volunteer to help with a self-study. Become a site visitor. Teach, supervise, analyze evaluation data. Then suddenly when this position opens up you realize, ‘I can do that.’ ‘I have already been doing that.’ ”

Q: So, one way to get the experiences needed for leadership positions is by volunteering. That has been a key component of your success in organizations such as FPA and the VA.

A: “Right and I did it by asking. It did not come to me. I simply started showing up. I sat at the table—invited or not—and, suddenly, they started noticing me and the more I was there the more I knew. So, I became sort of a committee historian [for FPA] and it became more and more natural for leadership to assign me more tasks.” Few people volunteer—or do it reliably. If you do, you’ll stand out. You just have to be consistent and you have to follow through. There is no tolerance for taking on a volunteer commitment and not finishing it.

Q: Do you have advice for women in this field on how to maintain a work/life balance?

A: “That’s a tricky one because the answer is different for everyone. In my case, I have an extremely supportive husband, so our family life relies on a team effort approach. I would be hard pressed to do the FPA piece on top of the VA piece and the raising of children piece all together without him. But I haven’t given up very much to be honest. The only thing that I don’t do anymore is watch television or movies. But I still manage to read when the kids go to sleep. I also work slightly longer days, so my exercise occurs early, by 5 am because it literally wouldn’t fit in anywhere else. So, for me, it’s really just about management of time. I have a rule that I don’t work from home, because I feel it could easily take over my life. I want to be present when I’m at home with my children. I don’t write reports on the weekends. I don’t write grants on the weekends. But I do Play Dough and I go to dance recitals, soccer games and sailing lessons! That’s the way I create balance.”

- Jennifer O’Neil, Ph.D, Contributor



Association of VA
Psychologist Leaders

<http://www.avapl.org/>

IDEAS FOR THE NEXT EDITION?

THOUGHTS ON A NEW NAME FOR THE NEWSLETTER?

LET US KNOW!

Email the editors:

genevieve.davis@va.gov
or jack.tsan@va.gov

Cited in this edition:

Green, A. G., & Hawley, G. C. (2009). Early Career Psychologists: Understanding, Engaging, and Mentoring Tomorrow's Leaders. *Professional Psychologist: Research and Practice*, 40, 206-212.

Sandhu, V. (2014). Early Career Professionals Corner. *The Health Psychologist*. Retrieved from <http://div38healthpsychologist.com/2014/03/27/early-career-professionals-corner/>

EDITORIAL

THE PSYCHOLOGIST LEADER AS ARGONAUT

Robert. W. Goldberg, Ph.D., ABPP

Associate Chief & Director of Training, Louis Stokes Cleveland DVAMC

In the third century B.C., the Hellenistic epic poet Apollonius of Rhodes wrote *The Voyage of the Argo*, with the core theme of a valiant quest for the Golden Fleece. Despite this tale now being 2,300 years old, it nonetheless holds lessons for contemporary VA psychology leadership.

To summarize, King Pelias of Iolcus decides that a mission should be undertaken to retrieve the stolen Golden Fleece. Citizens clamor for the mighty Hercules to assume leadership of the quest, but he defers to Jason (the king's choice and stepson-in-law) who is eager to assume the role things go reasonably well as Hercules takes it upon himself to overcome impediments. However, Hercules abandons the quest to rescue his kidnapped squire. The situation on board the *Argo* rapidly and precipitously deteriorates. Organizational problems arise when the ill-equipped Jason assumes command. First, he is a familial appointment and does not hold his position on the basis of merit. Second, he is not a task leader but a socio-emotional leader, too democratic and indecisive, and therefore ineffectual. Third, he lacks administrative and leadership training and experience. It takes quite a while for the Argonauts' circumstances to improve while Jason learns the hard way how to do his job.

It seems to me that there are lessons to be learned by VA psychology from this ancient tale:

1). Psychology leaders (Service Chiefs, Psychology Executives, et al.) cannot merely be anointed by virtue of heredity (e.g. longevity at a facility), nor can they gain their position and be effective solely through democratic processes and the popular will.

2). As psychologists, we can overemphasize the socio-emotional features of our leadership style. The key quality remains task leadership. This responsibility cannot be abrogated by making popular 'feel-good' decisions to avoid conflict or dissent.

3). Psychology leaders must know how to delegate tasks and responsibilities, choosing subordinates who are capable of accomplishing them. As a de facto deputy (similar to an Assistant Service Chief), Hercules spontaneously showed initiative and task leadership as obstacles were encountered. When he left the mission, there was no-one to assume these functions, seriously compromising the crew's functioning as a unit.

4). Although we are in an era of increased specialization, the VA still needs generalist psychologists. Although an array of specialists remained on the *Argo* (e.g. Orpheus, a musician; Zetes, who flies), losing the generalist Hercules caused nearly insurmountable problems. By analogy, in today's VA, a generalist psychologist can prove more useful than a specialist health psychologist in meeting veterans' needs in a Primary Care Clinic.

5). Finally, nothing beats having enough experience. Accordingly, at each facility, the psychology discipline should provide learning and mentorship opportunities for staff (e.g. through treatment program management, committee membership) as well as for trainees (e.g. through supplementary rotations assigning administrative tasks culminating in specific work products).